

FORMS FOR BID

FOR CONSTRUCTION ON STATE HIGHWAY IN ORANGE COUNTY IN IRVINE AND ORANGE FROM WALNUT AVENUE OVERCROSSING TO ROUTE 241 INTERCHANGE In District 12 On Route 261

Under

Notice to Bidders and Special Provisions dated April 11, 2016

Standard Specifications dated 2010

Project plans approved January 25, 2016

Standard Plans dated 2010

Applicable to

Electronic *Bid* book dated April 11, 2016 Identified by Contract No. 12-0J6504 12-Ora-261-0.0/6.2 Project ID 1212000104

Federal-Aid Project ACNHP-P261(002)E

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

DBE - COMMITMENT

DES-OE-0102.10D (REV 12/2014)

ADA Notice

CONTRACT NO:						
BID AMOUNT: \$						
BID OPENING DATE:						
BIDDER'S NAME:						
DBE GOAL FROM CONTR	ACT %:					
DBE PRIME CONTRACTOR CERTIFICATION 1: TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & N					TOTAL VALUE OF ALL SUBCONTRA	CTS (DBE & NON-DBE)
BID ITEM NO.	SERVICES TO BE S	D DESCRIPTION OF UBCONTRACTED OR BE PROVIDED ²	WORK CATEGORY CODES ³	opened.	NAME OF DBEs st be certified on the date bids are include Caltrans' certification no., DBE s, and phone number. Show 2nd and lower tier subcontractors)	AMOUNT (\$)
Show all DBE firms being each DBE shown stating shown for the specific an	that it will be participati		written confirmation from erform the specific work		Total Claimed Participation	<u>S</u>
The names of the 1st tier			be consistent with the		- dittorpation	
Subcontractor List (Pub of a subcontractor Li	ctor must enter its certif	ication number and sh	ow all work to be		er acknowledges that it is comm own on this form to meet the cor	
² If 100% of an item is not the item to be performed		nished by the DBE, de	scribe the exact portion of			
³ Use Work Category Cod	des from the California	Unified Certification Pr	ogram database.	Sig	gnature of Bidder	
				Da	te (A	rea Code) Tel. No.
				Pe	rson to Contact (Ple	ease Type or Print)

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STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

DBE CONFIRMATION

DES-OE-0102.13 (NEW 05/2015)

Contract no.:			
Name of DBE business:			
Name of DBE representative	e:		
DBE certification number:			
Name of bidder:			
Name of prime contractor if	different from the bidder:		
Name of representative of b	idder or prime contractor:		
Date:			
Bid item number	Item of work and description of services to be subcontract	cted or materials to be provided ¹	Amount (\$)
418.1000			
If 100% of an item is not to portion of the item to be pe	be performed or furnished by the DBE, describe the exact erformed or furnished.	Total	
		enterprise, I confirm that my busin prime contractor shown above reg the bidder is awarded the contract contractual agreement with the bid the type and dollar amount of worl form.	der or prime contractor to perform
		Signature of DBE's authorized	representative:
		Printed name of DBE's author	ized representative:
		Title of DBE's authorized repre	esentative:
		Date:	_

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STATE OF CALIFORNIA • DEPART	TRACKIT OF TOAKIODODTATION
STATE OF CALIFORNIA • DEPAR	INIENT OF TRANSPORTATION

DBE GOOD FAITH EFFORTS DOCUMENTATION

DES-OE-0102.11A (REV 12/2014)

Bidder's Name:	
Contract No.: _	

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1. List items of work the Bidder made available to DBE firms. Identify items of work the Bidder might otherwise perform with its own forces, items that have been broken down into economically feasible units to facilitate DBE participation, and items for which the Bidder has established flexible time frames for performance and delivery schedules in a manner that encourages and facilitates DBE participation. For each item listed, show the dollar value and percentage of the total contract. The Bidder must demonstrate that sufficient work to meet the goal was made available to DBE firms.

ltem of Work Offered, Services Offered, or Materials Supplied	Perforr	idder Normally Item Broken Down to Performs Item Facilitate Participation Yes/No Yes/No		Established Flexible Timeframes for Performance and Delivery Schedules Yes/No		Amount (\$)	Percentage of Total Bid	
	YES	Пио	YES	Пио	YES	NO		
	YES	□ио	YES	□ио	YES	□ NO		
	YES	□ио	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□NO		
	YES	□ио	YES	□ио	YES	□ NO		
	YES	□ №	YES	□ио	YES	NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ио	YES	Пио	YES	NO		
	YES	□ №	YES	□ио	YES	NO		
	YES	□ №	YES	Пио	YES	NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ио	YES	Пио	YES	NO		
	YES	□ио	YES	□ио	YES	NO		
	YES	□ №	YES	Пио	YES	NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	□ио	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	NO		

STATE OF CALIFORNIA • DEPARTMENT OF TRANS	PORTATION

DBE GOOD FAITH EFFORTS DOCUMENTATION

DES OF 0403 44 A /BEX (43,004A)

Bidder's Name:	
Contract No.: _	

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						clude the items of work offered a copies of solicitations. e-mail me		
Name of DB	E Solicited	Date of I	nitial Solicitation		ltems of	Work Offered	Follow Up Me	thods and Dates
	ided quotes, the pri	ce quote for e	ach firm, and the p	rice dif	ference for each DBE	pecific to the items of work being if the selected firm is not a DBE. act.		
Items of Work	Provided P Specifications for W Yes/No	Vork Offered	Name of Selec Firm	ted	DBE or Non-DBE	Name of Rejected Firm	Quote (\$)	Price Difference (\$)
	YES [Пио						
	YES [ОИ						
	YES [Ои						
	YES [Ои						
	YES [Ои						
	YES [Ои						
	YES [Ои						
	YES [Пио						
	YES [Пио						
If the firm selected for the						ıd attach names, addresses, and	phone numbers for the	firms listed above.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

Contract No.: DBE GOOD FAITH EFFORTS DOCUMENTATION

Bidder's Name:

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Describe the Bidder's outreach efforts to id locuments.	dentify and solicit the interest of all certified DBE	Es that have the capability to perform the work of	of the Contract. Provide copies of supporting
Description of Outreach	Dates	Location (if applicable)	Results
<u>-</u>			
Describe the Biddents offer mode to many	DDC with adaptate information	about the view one off-ations and requirement	ate of the Courteeat to essist them in
	ide interested DBEs with adequate information s assisted, the type of information provided, and		
	st interested DBEs in obtaining bonding, lines o	f credit, or insurance. Identify the DBEs assiste	d, the type of assistance offered, and the
ates. Provide copies of supporting documen	its.		
quipment the DBE purchases or leases fron ocuments. List efforts made to assist interes	st interested DBEs in obtaining necessary equip n the prime contractor or its affiliate. Identify the sted DBEs in obtaining bonding, lines of credit, subcontractor purchases or leases from the prim	DBEs assisted, the type of assistance offered insurance, necessary equipment, supplies, ma	and the dates. Provide copies of supporting terials, or related assistance or services.
. List the names of agencies and the dates	on which they were contacted to provide assists	ance in contacting, recruiting, and using DBE fi	rms. If the agencies were contacted in writing
rovide copies of supporting documents.	,		
. Include additional data to support a demon	nstration of good faith efforts.		
	PER IF NECESSARY.		

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